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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 6372

SERIAL NUMBER 09/885,683	FILING DATE 06/20/2001 RULE	CLASS 359	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. ROC920000148US1
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APPLICANTS

Mitchell Simmons Cohen, Bedford, MA;
David Peter Gaio, Rochester, MN;
William K. Hogan, Rochester, MN;
Glen Walden Johnson, Yorktown Heights, NY;
Jeannine Madelyn Trehwella, Peekskill, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/13/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowances	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

Laurence R. Letson
P.O. Box 910567
Lexington, KY 40591

TITLE

Optical subassembly for optical communications

FILING FEE RECEIVED 840.	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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				INDEPENDENT CLAIMS 2
ADDRESS CHARLES E. WANDS ALLEN DYER, DOPPELT, MILBRATH & GILCHRIST 401 CITRUS CENTER, SOUTH ORANGE AVENUE BOX 3791 ORLANDO ,FL 32802-3791				
TITLE Optical subassembly for optical communications				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	